



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section
Office of Policy, Planning

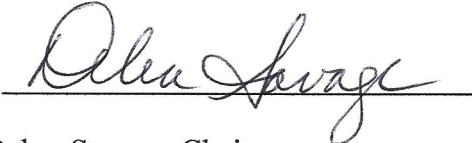
FROM: Debra Savage, Chairman
Illinois Health Facilities and Services Review Board

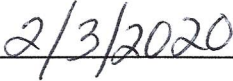
RE: #E-059-19 - Change of Ownership

Facility: Eye Surgery Center

This is to advise you that I have reviewed the above-captioned extension of financial commitment and have determined the following:

- ☒ The request is in compliance with the requirements in 77 ILAC 1130.500 & 77 ILAC 1130.520 is approved.
- ☐ This request is to be reviewed by the Illinois Health Facilities and Services Review Board
- ☐ This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in 77 ILAC 1130.500 and 77 ILAC 1130.520
- ☐ Other actions as follows:


Debra Savage, Chairman
Illinois Health Facilities and Services
Review Board


Date